STATE OF NEW HAMPSHIRE PART TIME DENTAL ACTIVE EMPLOYEE PLAN A - NHTA STATE & EMPLOYEE CONTRIBUTION CHART

EFFECTIVE 01/01/2016

30 HOURS TO 31.5 HOURS

DENTAL EE CONTRIBUTION			DENTAL ER C	W RATE	
26PP ANNUAL		<u>26PP</u>	ANNUAL	TOTAL	
DN-1	\$7.04	\$183.04	\$12.16	\$316.16	\$499.20
DN-2	\$10.54	\$274.04	\$26.18	\$680.68	\$954.72
DN-3	\$16.06	\$417.56	\$48.25	\$1,254.50	\$1,672.06

32 HOURS TO 34.5 HOURS

DENTAL EE CONTRIBUTION			DENTAL ER C	W RATE	
<u>26PP</u> <u>ANNUAL</u>		<u>26PP</u>	ANNUAL	TOTAL	
DN-1	\$6.28	\$163.28	\$12.92	\$335.92	\$499.20
DN-2	\$8.91	\$231.66	\$27.81	\$723.06	\$954.72
DN-3	\$13.05	\$339.30	\$51.26	\$1,332.76	\$1,672.06

35 HOURS TO 37 HOURS

DENTAL EE CONTRIBUTION			DENTAL ER C	W RATE		
	26PP ANNUAL		<u>26PP</u>	ANNUAL	TOTAL	
DN-1	\$5.06	\$131.56	\$14.14	\$367.64	\$499.20	
DN-2	\$6.29	\$163.54	\$30.43	\$791.18	\$954.72	
DN-3	\$8.22	\$213.72	\$56.09	\$1,458.34	\$1,672.06	

MONTHLY WORKIN	<u>ANNUAL</u>	
DN-1: 1 PERSON	\$41.59	\$499.08
DN-2: 2 PERSON	\$79.57	\$954.84
DN-3: FAMILY	\$139.34	\$1,672.08

DENTAL 26 PP						
19.20	20%	3.04	4.00	7.04		
36.72	20%	6.54	4.00	10.54		
64.31	20%	12.06	4.00	16.06		

DELTA DENTAL

		DELIA DENIAL							
	СО	COMPANY - STATE SHARE (3023)			EMPLOYEE SHARE (3021/3022)				
WEEKLY HRS RANGE	<u>%</u>	TYPE	PLAN	AMT PER 26 PP	<u>%</u>	TYPE	PLAN	AMT PER 26 PP	
30.0	80%	DN	1	12.16	20%	DN	1	\$7.04	
		DN	2	26.18		DN	2	\$10.54	
(30 to 31.5)		DN	3	48.25		DN	3	\$16.06	
32.0	85%	DN	1	12.92	15%	DN	1	\$6.28	
		DN	2	27.81		DN	2	\$8.91	
(32 to 34.5)		DN	3	51.26		DN	3	\$13.05	
35.0	93%	DN	1	\$14.14	7%	DN	1	\$5.06	
		DN	2	\$30.43		DN	2	\$6.29	
(35 to 37)		DN	3	\$56.09		DN	3	\$8.22	
FULL TIME	100%	DN	1	\$15.20	0%	DN	1	\$4.00	
		DN	2	\$32.72		DN	2	\$4.00	
(37.5 to >)		DN	3	\$60.31		DN	3	\$4.00	